

ACKNOWLEDGEMENT AND AGREEMENT TO CONDITION OF EMPLOYMENT AND CONTINUED EMPLOYMENT WITH THE CITY OF MESQUITE

WHEREAS, I am aware that the City of Mesquite has deemed it reasonable and necessary to the health and safety of the general public and its work force to employ the services of Fire, Rescue, Police and Corrections personnel who are and who will remain physically competent and capable of performing the duties and services required of public safety personnel by the Mesquite Fire & Rescue Department and the Mesquite Police Departments; and

WHEREAS, I am further aware that the City of Mesquite has determined that tobacco use (smoke or smokeless) impairs or could impair the ability of public safety personnel to continue to perform their assigned duties during the term of their employment given the substantial evidence of the unhealthy and potentially disabling and fatal consequences of the use of tobacco products.

NOW, THEREFORE, as a condition of becoming employed and remaining employed with the Mesquite Fire & Rescue Department or the Mesquite Police Department as a public safety employee, I hereby agree, promise and represent that I am and will remain a non-tobacco user both on and off duty for the duration of my employment with the City of Mesquite.

I understand and agree that my proven failure to honor this condition (non-tobacco use) during my employment with the City of Mesquite as a public safety employee will result in my immediate termination from the City of Mesquite.

I,,	have	read,	understand	and
agree to abide by this condition of	my em	ployme	ent and conti	nued
employment (non-tobacco use) with	the City	of Me	squite as det	ailed
in this document and agree as a co	ondition	of my	employment	and
continued employment.		-		



NOW, THEREFORE, I have executed this document knowingly and voluntarily thereby waiving any and all claims and/or causes of action that I may have against the City of Mesquite or the Mesquite Fire & Rescue Department or the Mesquite Police Department for the termination of my employment due to my proven tobacco use following my employment.

Employee Name	Date
Employee Signature	-
ACKNOWLEDGM	<u>ENT</u>
State of Nevada	
ss. County of Clark	
The person known as	_ did appear before me, known by me to
be the person who signed the foregoing ACKNO	WLEDGEMENT AND AGREEMENT TO
CONDITION OF EMPLOYMENT AND CONTINUED	EMPLOYMENT WITH THE CITY OF
MESQUITE freely and voluntarily and for the purposes	set forth therein.
SUBSCRIBED and SWORN to before me this	_day of, 20
	Notary Public